|  |  |  |
| --- | --- | --- |
| Student Name (Last, First) | Entering grade in fall term  | Sex: M/F |
| Student Home Address  |
| City | Zip Code |
| Date of Birth | Primary Phone |



**PLEASE MAIL OR FAX TO:
Birmingham Bloomfield Art Center
ART CAMP
1516 S. Cranbrook Road
Birmingham, MI 48009
FAX: 248.644.7904**

 **ART CAMP EMERGENCY FORM** Preschool through Grade 12

**Please list camp/s your child is enrolled in & include dates:**

#  IN CASE OF ILLNESS/EMERGENCY, PLEASE LIST PERSONS IN THE ORDER TO BE CALLED.

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name | Relationship | Check if authorized to pick-up |
| Home Phone | Cell Phone | Work Phone |

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name | Relationship | Check if authorized to pick-up |
| Home Phone | Cell Phone | Work Phone |

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name | Relationship | Check if authorized to pick-up |
| Home Phone | Cell Phone | Work Phone |

#  HEALTH INFORMATION

DOES YOUR CHILD HAVE ANY SPECIFIC PHYSICAL/HEALTH PROBLEMS? YES NO

IF YES, PLEASE SPECIFY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES YOUR CHILD REGULARLY TAKE MEDICATION? □ YES □ NO

IF YES, SPECIFY MEDICATION & DOSAGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If your child requires any medication to be kept at camp, please provide the items to the camp director and complete a PERMISSION TO ADMINISTER form by the first day of camp.**

 **LIST ANY MEDICATION(S) THE STUDENT IS ALLERGIC TO: (Be Specific)**

**LIST ANY OTHER ALLERGIES THE STUDENT MAY HAVE : (Be Specific)**

##

##  STUDENT’S PRIMARY PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **HEALTH INSURANCE COMPANY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Policy Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Hospital Preference**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\*\*\*FOR HIGH SCHOOL STUDENTS ONLY - DRIVER AUTHORIZATION:** I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to drive

 himself/ herself to class at the BBAC. Driver’s license #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature & relationship to student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF EMERGENCY** the school authorities have my permission to take such action as they deem necessary. In case of an injury or illness involving my son/daughter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and when neither parent/ guardian can be reached at the phone number shown, we authorize the attending physician and hospital personnel to take such action and give such treatment as they deem advisable for our child’s comfort and well-being.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I understand that neither the BirminghamBloomfieldArtCenter, nor anyone connected with the BBAC Summer camp assumes responsibility for accidents, medical, dental, or other expenses incurred as a result of attending this camp. In case of injury or illness, necessary emergency treatment is authorized.

Parent or guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_